



FH  
[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

CWA/166841

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**PRELIMINARY RECITALS**

Pursuant to a petition filed June 22, 2015, under Wis. Admin. Code § HA 3.03, to review a decision by The Management Group (TMG) to discontinue Include, Respect, I Self-Direct (IRIS) eligibility, a telephonic hearing was held on July 30, 2015, at Lancaster, Wisconsin. At the request of the parties, the record was held open for IRIS to submit a closing argument, and then for a responsive closing argument to be submitted by petitioner. The IRIS program timely submitted its closing argument to DHA and to petitioner which is received into the hearing record. However, petitioner failed to submit any closing argument to DHA even by the date of this decision.

The issue for determination is whether the IRIS Program properly and correctly involuntarily disenrolled petitioner from the IRIS program effective June 30, 2015, due to his fraudulent reimbursement claims in violation of IRIS policy 3.03.1.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: [REDACTED], quality services specialist  
TMG  
1 S. Pinckney Street, Suite 320  
Madison, WI

**ADMINISTRATIVE LAW JUDGE:**

Gary M. Wolkstein  
Division of Hearings and Appeals

### FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Grant County.
2. Petitioner has been eligible for the IRIS program, and received benefits through IRIS.
3. On or about March 6, 2015, the petitioner falsely submitted a reimbursement claim for snow removal on February 28, 2015 for \$30 by the alleged provider, [REDACTED] Mr. [REDACTED] did not provide any snow plowing services for petitioner on February 28, 2015. See Exhibit E1.
4. The petitioner received education regarding “fraud prevention” by the IRIS program after the March 6, 2015 falsified reimbursement claim.
5. On or about May 16, 2015, the petitioner falsely submitted a reimbursement claim for lawn care during the period of May 3 -13, 2015 for \$60 by the alleged provider, [REDACTED] Mr. [REDACTED] did not provide any lawn care for petitioner during May, 2015. See Exhibit F1.
6. The agency investigated the matter during May and June, 2015. It found that not only was petitioner falsely claiming reimbursement, but that petitioner forged the provider’s name on the two claims of March 6, 2015 and May 16, 2015.
7. By notices dated June 15, 2015 and June 30, 2015, the IRIS agency informed petitioner that his enrollment in the IRIS program would be involuntarily terminated effective June 30, 2015, due to petitioner’s fraudulent claims for reimbursement regarding snow removal and lawn care when those services were never provided.
8. During the summer of 2015, petitioner enrolled in the Family Care Plan with ContinuUs.

### DISCUSSION

The IRIS program was developed pursuant to a Medical Assistance waiver obtained by the State of Wisconsin, pursuant to section 6087 of the Deficit Reduction Act of 2005 (DRA), and section 1915(j) of the Social Security Act. It is a self-directed personal care program. IRIS policies are found online at <http://www.dhs.wisconsin.gov/publications/P0/P00708.pdf>.

The agency in this case cited IRIS Policy 3.03.1, dated October 1, 2011 for its action to disenroll petitioner. The policy provides that a participant may be disenrolled **when purchasing authority is mismanaged, including but not limited to possible fraud and misrepresentation/willful inaccurate reporting of services**. There is a more recent policy at §10.1A.1, No. 18 of the IRIS Policy Manual: Work Instructions (updated February, 2015), a separate manual found at <http://www.dhs.wisconsin.gov/publications/P0/P00708a.pdf>. The policy there calls for involuntary disenrollment only in cases of substantiated fraud. If the activity is simply abuse of the program, there are a number of actions that can be taken but not disenrollment. The Department established with reliable testimony and evidence that petitioner’s falsified reimbursement claims were “substantiated fraud.”

Petitioner’s primary position at the hearing was that he did not intentionally falsely make two claims for reimbursement. He alleged unconvincingly that his false claims were “mistakes” but not intentional. He also alleged that the false claims were due to his “being out of it” due to his surgeries. Both excuses are not credible. The petitioner intentionally forged the provider’s name on the bills, and falsely submitted claims to IRIS for snow plowing and lawn services which was never provided. Those were proactive, intentional acts by the petitioner. Accordingly, based upon the above, I conclude that the IRIS Program properly and correctly involuntarily disenrolled petitioner from IRIS effective June 30, 2015, due to his fraudulent reimbursement actions in violation of IRIS policy 3.03.1.

### CONCLUSIONS OF LAW

The IRIS Program properly and correctly involuntarily disenrolled petitioner from the IRIS program effective June 30, 2015, due to his fraudulent reimbursement claims in violation of IRIS policy 3.03.1.

**THEREFORE, it is**

### ORDERED

The petition for review herein be and the same is hereby Dismissed.

### **REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

### **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,  
Wisconsin, this 5th day of October, 2015

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\sGary M. Wolkstein  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on October 5, 2015.

Bureau of Long-Term Support